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"PATENT"

AMENDMENT TRANSMITTAL FORM

In re application ~~Patent Trademark Office~~ Thomas Carey, et al.  
U. S. Serial No.: 10/678,547 [810035]

Filed: October 3, 2003

For: LOW-VOLATILITY FUNCTIONAL FLUIDS USEFUL  
UNDER CONDITIONS OF HIGH THERMAL STRESS  
AND METHODS FOR THEIR PRODUCTION AND USE

) Before the Examiner  
Not Assigned  
) Confirmation Number: 2518  
Group Art Unit: 1751  
Family Number: P2002J111 US2

**Commissioner for Patents**  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

The undersigned hereby certifies having information and a reasonable basis for belief that this correspondence will be deposited as first-class mail with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on June 18, 2004.

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ \_\_\_\_\_ to extend the time for filing this response until \_\_\_\_\_.

The fee for any changes in number of claims has been calculated as shown below.

| CLAIMS AS AMENDED            |  |       |  |                         |             |     |
|------------------------------|--|-------|--|-------------------------|-------------|-----|
| (1)                          | (2)<br>Claims Remaining<br>After Amendment | (3)   | (4)<br>Highest Number<br>Previously Paid For | (5)<br>Present<br>Extra | (6)<br>Rate | (7) |
| Total<br>Claims              | *  | Minus | **   |                         | x 18.00     |     |
| Indep.<br>Claims             | *  | Minus | ***  |                         | x 86.00     |     |
| MULTIPLE DEPENDENT CLAIM FEE |  |       |  |                         | \$290.00    |     |
| FEE FOR CLAIM CHANGES        |  |       |  |                         |             |     |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this INFORMATION DISCLOSURE STATEMENT, including claim changes and any extension of time is calculated to be \$ 180.00.

Charge \$ 180.00 to Deposit Account No. 05-1330.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

*June 18, 2004*

DATE OF SIGNATURE

Post Office Address: [to which correspondence is to be sent]  
ExxonMobil Research and Engineering Company  
P. O. Box 900  
Annandale, New Jersey 08801-0900

*NF*  
ATTORNEY OR AGENT OF RECORD

NORBY L. FOSS

Registration No. 47,571

Pursuant to 37 CFR 1.34(a)

Facsimile No. (908) 730-3649



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